exas Ethics Commissi	ion P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506
	PURPOSE COMMITTEE I FINANCE REPORT	FORM SPAC COVER SHEET PG 1
The SPAC Instruction Gu	uide explains how to complete this form. 1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 COMMITTEE NAME		OFFICE USE ONLY
GET A	JUSTIA MOVING PAC	Date Received DI AUST
COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	T REN
Change of Address	604 WEST 117H STREET	4 4 7 130
Change of Address	AUSTIN, TX 78701-2007	Date Hand-delivered or Data-ostmand CL
5 CAMPAIGN	MS / MRS / MR FIRST MI	Receipt # Amount
TREASURER NAME	MA. TEO	Date Processed
	NICKNAME LAST SUFFIX	Date Imaged
	SIFF	
CAMPAIGN TREASURER'S STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; 604 WEST IITH STREET, AUSTIN, TX	ZIP CODE 78701-2007
CAMPAIGN	STREET OR PO BOX; APT / SUITE #; CITY; STATE;	ZIP CODE
TREASURER'S MAILING ADDRESS	604 WEST LITH STREET, HUSTIN, TX	7970- ~
Change of Address	BOY WEST (1" STREET, MUSTIN, IN	10101-2007
3 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(512) 657-5414	
REPORT TYPE	January 15 Y 30th day before election July 15 8th day before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer termination
0 PERIOD COVERED	Month Day Year	Month Day Year
	8 / 6 / 2010 THROUGH	9 /30/2010
I1 ELECTION	ELECTION DATE ELECTION TYPE	
	Month Day Year 11 / 2 / 2010 Primary Runoff	General Special
	GO TO PAGE 2	

SPECIFIC-PURPOSE	COMMITTEE REPORT:
PURPOSE AND TOTA	IS

FORM SPAC COVER SHEET PG 2

	<u></u>			
12 COMMITTEE NAME			ACCOUNT	# (Ethics Commission Filers)
GET AUST	DU MORING	PAC		
13 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
(Attach lists on plain paper to complete this report if necessary.)	CANDIDATE			
SUPPORT (Candidate or Measure)	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD	(officeholder)	
OPPOSE (Candidate or Measure)				
(Assidingle of Measure)	\		ELECTION I onth Day	DATE Year 20(0
ASSIST (Officeholder)	MEASURE	DESCRIPTION & QO MILLION I FOR 4T POAD, SIDEWALK, I		
14 CONTRIBUTION TOTALS	1	CONTRIBUTIONS OF \$50 OR LESS (OTHER , OR GUARANTEES OF LOANS), UNLESS ITE		\$ _
	1	AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 59,780.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL	EXPENDITURES OF \$50 OR LESS, UNLESS	ITEMIZED	\$
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 18,659.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE I	AST DAY	\$ 40,920,76
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	\$
15 AFFIDAVIT		I swear, or affirm, under penalty o report is true and correct and inclu	des all inforn	nation required to be
Notary Pub My Com	E C. STOVER lic, State of Texas mission Expires bry 11, 2014	reported by me under Title 15, Ele	ection Code.	
		Signature of Car	npaign Treası	urer
AFFIX NOTARY STAMP / SEA				
Sworn to and subscribe	A = .			, this the
day of	1 20 10	o to certify which, witness m	iy hand ang	seal of office.
Signature of officer administer	ring oath Printed	This Stures name of officer administering oath	LOREA Title of o	Trey Rublic A
7			,	· y · · · · · · · · · · · · · · · · · ·

P.O. Box 12070

	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S		SCHEDULE A
The	Instruction Guide explains how to complete this	form.	1 Total pages Scho	_
2 FILER NAME			3 ACCOUNT# (E	thics Commission Filers)
	AUSTIN MOVING PI	AC	ļ	
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
8/18/10	TED SIFF 6 Contributor address; City; State; Zip Code 604 WBT 11774 STNOST, Av.	557M, TX 7874	i .	S Toyas complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In:	^	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
			contribution (\$)	description (if applicable)
8/17/10	Contributor address; City; State; Zip Code 602 West / (Pt Street, Austral)	~	1/000.00	
	602 WEST / (PH STROET, AUSTIN, 1	X 78701	/,000. 	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins		of Texas, complete Schedule T)
F Thriotpus occus	pation/ Job title (See Hatrocitoria)	Employer (Occ III	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8/26/10	PERRY LORENZ Contributor address; City; State; Zip Code 1311-A E. 674 STROTT, AVSTIN	1, 1X 78702	4,000,00	l
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
8130/10	CONTRIBUTOR CONTRIBUTION CONTRI	STE Clos	2,000.00	r
	AUSDN, TX 78751			of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
e lat	OZONE BIKE DEPT, LP		· · ·	, , , , ,
9/8/10	OZONE BIKE DEPT, LP Contributor address; City; State; Zip Code 3202 GUADACUPE ST., S	TE C	250,50	
	AUSIN, TX 78705		(If travel outside c	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See Ins		

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME Date 5 Full name of contributor __out-of-state PAC (ID#______ 8 In-kind contribution 7 Amount of contribution (\$) description (if applicable) 9/15/10 FRED ROBINETTE 6 Contributor address; City; State; Zip Code 406 /NWOOD ROAD, AUSTIN, TX 78746 \$ 10,000,00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) SUSAN RIEFF Contributor address; City; State; Zip Code e(00) 3824 HERMALINDA STREET AUSIN, IX 78723 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution LOANNA MOLAVER Contributor address; City; State; Zip Code 1007 SOUTH CONGRESS #133 AUSTN, TX 78704 contribution (\$) description (if applicable) \$ 2.00 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions Employer (See Instructions) Full name of contributor ____ out-of-state PAC (ID#_ Date Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code ⁴500.00 604 WBT 117 STREET, AUSTIN, TX 78701 (If travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of In-kind contribution ut-of-state PAC (ID#:____ contribution (\$) description (if applicable) MARK STINE Contributor address; City; State; Zip Code 1403 WEST 10Th STREET, AUSTIN, TX 78703 100.00 (if travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

	CAL CONTRIBUTIONS R THAN PLEDGES OR LOAI	NS		SCHEDULE A
Th	e Instruction Guide explains how to complete thi	is form.	1 Total pages Sch	
2 FILER NAME	T AUSTIN MOVING PA	e	3 ACCOUNT# (E	ithics Commission Filers)
4 Date 9/20((v	5 Full name of contributor □ out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Princípal occe	upation / Job title (See Instructions)	10 Employer (See In	·	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	Contributor address; City; State; Zip Code 2525 LAMM BLYD #301, AUSTIN	1,70 78704	452' so	} [
Principal occu	upation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date 9/23/17	Full name of contributor out-of-state PAC (ID#_ NAWY JIMENEZ Contributor address; City; State; Zip Code 1622 SPMISH OMLS, SAN ANTOBIO		Amount of contribution (\$)	In-kind contribution description (if applicable)
		Employer (See In	(If travel outside	of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	
9/19/10	Full name of contributor out-of-state PAC (ID#_ JOAN NA WALLANDY Contributor address; City; State; Zip Code 1007 S. CONGRESS MID, 78133, ASST		Amount of contribution (\$)	In-kind contribution description (if applicable)
,	1007 S. CONGRESS WHE , 1783, ROGT	JOSEN XX , MC		of Toyan complete Schodula D
Principal occu	.fupation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#_ NAME AND)	14kaz	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	Contributor address; City; State; Zip Code 2815 FROTH ST., Ausnin, TX	7 8 705	(If travel outside of	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	
If cor	ATTACH ADDITIONAL COPIES Ontributor is out-of-state PAC, please see instr	- ·		ng requirements.

SCHEDULE A

The	Instruction Guide explains how to complete the	is form.	1 Total pages Sch	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
657	AUSITA MOVING PAC			
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/17/10	LUKE METZEER 6 Contributor address; City; State; Zip Code 2508 EAST BTH STREET, AD	Tom.	\$20.20	
	2508 CAST D' STREET, TO	SIN, IX BEE	Į.	of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	Contributor address; City; State; Zip Code 1818 W. 39 Mt St., Ausni, D		\$ 100.00	
	1210 W. 31. 71., 103111110	· / (0 ·)	(If trayol outside a	of Toyan complete Schodule T)
Principal occui	pation / Job title (See Instructions)	Employer (See In		of Texas, complete Schedule T)
	,			
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	Contributor address; City; State; Zip Code 8313 MINNESOTA LANE, AUST	DV 787115	9100.00	<u> </u>
	DOIS MINNESOLA WINE, MOSIL	N, 1 K 10173	(if travel outside	of Texas, complete Schedule T)
Principal occul	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	Contributor address; City; State; Zip Code	~	\$ 100.00	[[
	1710 WATERSTON AVE, AUSTIN	/XX 78703	(If travel outside o	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	GUS GALCIA Contributor address; City; State; Zip Code 7401 OPHELIA DRIVE, AUSTIN,	TX 78752	4 100.00	
			(If travel outside o	of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See In:		22.00000 1)
		/		

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	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS		SCHEDULE A
Th	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	^
2 FILER NAME	AUGAN MOUING PAC		3 ACCOUNT# (E	thics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/17/10	KARL-THOMAS MUSSLET 6 Contributor address: City; State; Zip Code		\$ 10.00	<u>}</u>
O Dinainal can	1512 A PENNSYLVANIA AL AUSTINI IX 7	87 <u>02</u>	<u> </u>	of Texas, complete Schedule T)
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	JEB BOYT Contributor address; City; State; Zip Code 5423 SHOALWOOD AVE,, AUST.	W ====	0/00,00	
	<u> </u>	<u> </u>		of Texas, complete Schedule T)
Principal occi.	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/32/10	Bobbie GARZA - Iter NANDE 2 Contributor address; City; State; Zip Code		\$ 30.00	[[
	122 RIVIERA, SAN MARCAS, TX	78666		of Texas, complete Schedule T)
Principal occu	ipation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/20/10	Contributor address; City; State; Zip Code 4016 MAPLEWOOD AVE, APT AUSTIN, TX 7		\$ 20,00	
	4016 MAPLEWOOD AVE, ATT 1	78722	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		Total Sample Concession 17
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/17/10	SUSAN RANKIN Contributor address; City; State; Zip Code 3216 HAPPIS BLUD, AUSTIN, T		£300,00	
	3216 HAPPIS BLUD, HUSTAN,)	X 78705		of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
if con	ATTACH ADDITIONAL COPIES O stributor is out-of-state PAC, please see instru			eg requirements.

SCHEDULE A

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	^
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
6	ET AUSTIN MOVING	PAC		
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	SEAN COMPTON		(0)	
9/24/10	6 Contributor address; City; State; Zip Code		# (DO.03	
, ,,((SEM COMPTON 6 Contributor address; City; State; Zip Code 2601 GRENT ONES PARK	way	(00.2	<u> </u>
	AUGEN, EX 78756		(If travel outside	i of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor		Amount of	In-kind contribution
	the ABOL		contribution (\$)	description (if applicable)
9/27/10	Contributor address; City; State; Zip Code	, , , , , , , , , , , ,	3	
' '('	1607 KERR STREET		*200'-	
	AUGN, TX 78704		(If travel outside /	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In		or rectas, compete correction ty
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	EASY STREET, LC]
9/13/10	Contributor address; City; State; Zip Code 5555 N. Langue Blod, Ste Clos, Ao	. 7V 707-1	* 250,10	<u> </u>
	5355 Nilana Blod section, Ao	30418/19131		,
		F	L	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
	MELLON JOHNNY'S		contribution (\$)	description (if applicable)
9/20/10	Contributor address; City; State; Zip Code		4.200' w	<u> </u>
1100100	98 Sm-lACINTO BUD. #430, ASS	10/1X18501	300, 2	
			(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_		Amount of	In-kind contribution
	BROWN MCCHERON, LLP		contribution (\$)	description (if applicable)
9/24/10	Contributor address; City; State; Zip Code		\$2500,00	1
, , , , , , , , , , , , , , , , , , , 	III CONGRESS ANE, STE 1400, AOSTINI	1×78701		
		:	(If travel outside	 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	<u> </u>	
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SCHEDULE A

The	e Instruction Guide explains how to complete this	form.	1 Total pages Sch	$^{\circ}$
			7 01	
FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
627	AUSIDN MOVING PAR			
Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/24/10		, ,	\$100,00	
	15 SUGAR CREEK DRIVE AUSTIN, TX 78746		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/10	Contributor address; City; State; Zip Code		20.00	
	7685 NORTHCROSS DE, ONIT	¥ 403	(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/10	Contributor address; City; State; Zip Code		# 300,00	
	3111 WESTCAKE DOLVE AUSTIN, TX 78746		(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In:	·	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/23/10	Moses SARCIA Contributor address; City; State; Zip Code 7321 SCENIC DAKS CIRCLE		450,00	
	AUSTIN, DX 78745		(If travel outside o	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See in	structions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of cantribution (\$)	In-kind contribution description (if applicable)
9/23/10	Contributor address; City; State; Zip Code 5616 BULL CREEK ROAD		4/00,00	
	AUSTIN, TX 787	56	(If travel outside of	of Texas, complete Schedule T)

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sch	^
2 FILER NAME	·		3 ACCOUNT # (E	Ethics Commission Filers)
	ST AUSTIN MOVING PAC			1
4 Date	5 Full name of contributor Out-of-state PAC (ID#_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/29/10	6 Contributor address; City; State; Zip Code	1,TX 78702	*25. P.	
9 Principal occu	upation / Job title (See Instructions)	10 Employer (See In	·	of Texas, complete Schedule T)
g minoipai occ.	spation 7 Job title (GEC 11511 Octions)			
Date	Full name of contributor out-of-state PAC (ID#_ DAVID C. Suith		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/28/10	Contributor address; City; State; Zip Code		*So,-	l
	1711 PRIMAPLAZA, ASSTNIX 78	, દુવભ		
Principal occu	 upation / Job title (See Instructions)	Employer (See In:		of Texas, complete Schedule T)
<u> </u>				
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9(29/10	Contributor address; City; State; Zip Code 5711 Hwy 45, Nosna, TX 29		4200's	
		ויבוכ	(If trave) outside	of Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See In:	<u> </u>	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/30/10	PANCA HONECK Contributor address; City; State; Zip Code		a,5≥0° ∞	
	1106 ELM STREET, LUSTINITY 78	Ωο }	(If travel outside o	r
Principal occu	upation / Job title (See Instructions)	Employer (See in:	· · · · · · · · · · · · · · · · · · ·	or oxed, compared contents 1,
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
9/30/10	BART KNA66S Contributor address; City; State; Zip Code		# (1000 po	
	98 Smother 1064 # (076) 200 180	X 78701		 of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See Inc	<u> </u>	or restas, complete constant Ty
If con	ATTACH ADDITIONAL COPIES C		-	ng requirements.

SCHEDULE A

In name of contributor Out-of-state PAC (ID#: OSTA MOVING PAC Il name of contributor Out-of-state PAC (ID#: OSTAGE) Intributor address; City; State; Zip Code Out-of-state PAC (ID#: OUT-OF-stat	7, X 78701 10 Employer (See In	7 Amount of contribution (\$) 4/25.63 (If travel outside constructions) Amount of contribution (\$) 1250.00	Λ
If name of contributor	10 Employer (See In	7 Amount of contribution (\$) 4/25.63 (If travel outside of contribution (\$) Amount of contribution (\$) (If travel outside of contribution (\$) Amount of contribution (\$)	8 In-kind contribution description (if applicable) Cのドイハ ら、 パルパ ファル ら、 Sごしい Cで5 of Texas, complete Schedule T) In-kind contribution description (if applicable) In-kind contribution
If name of contributor	10 Employer (See In	contribution (\$) 7/25.63 (If travel outside of contribution (\$) Amount of contribution (\$) (If travel outside of contribution (\$) Amount of contribution (\$)	description (if applicable) COPYING, PRINTNAG, SCRUCCS of Texas, complete Schedule T) In-kind contribution description (if applicable) In-kind contribution
If name of contributor	10 Employer (See In	contribution (\$) 7/25.63 (If travel outside of contribution (\$) Amount of contribution (\$) (If travel outside of contribution (\$) Amount of contribution (\$)	description (if applicable) COPYING, PRINTONG, SCOUNCES of Texas, complete Schedule T) In-kind contribution description (if applicable) In-kind contribution
Intributor address; City; State; Zip Code L WGST // PF STPET, Ausn Job title (See Instructions) Il name of contributor	10 Employer (See In	(If travel outside of natructions) Amount of contribution (\$) 1 250, 00 (if travel outside of natructions)	In-kind contribution description (if applicable) In-kind contribution description (if applicable)
Il name of contributor	10 Employer (See In	Amount of contribution (\$) 1 250, 00 (if travel outside onstructions)	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution
Il name of contributor	Joh	Amount of contribution (\$) 1 250, 00 (if travel outside onstructions)	In-kind contribution description (if applicable) f Texas, complete Schedule T) In-kind contribution
osted Cycung Associate ntributor address; City; State; Zip Code Bx 5993, Avsno, TX 78763 Job title (See Instructions)		contribution (\$) 1 250, 00 (if travel outside of estructions)	description (if applicable) f Texas, complete Schedule T) In-kind contribution
Bx <993, Avsna, TX 78763 Job title (See Instructions) Juname of contributor ut-of-state PAC (ID#	Employer (See In	(if travel outside o	In-kind contribution
ii name of contributor	Employer (See In	Amount of	In-kind contribution
ii name of contributor	Employer (See In	Amount of	
		1	
ntributor address; City; State; Zip Code		(If travel outside c	of Texas, complete Schedule T)
ob title (See Instructions)	Employer (See In	nstructions)	
Il name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
ntributor address; City; State; Zip Code		(If travel outside o	f Texas, complete Schedule T)
ob title (See Instructions)	Employer (See In	astructions)	
I name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
ntributor address; City; State; Zip Code		(If travel outside o	f Texas, complete Schedule T)
ob title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·
nt nt	name of contributor out-of-state PAC (ID#	name of contributor	b title (See Instructions) Employer (See Instructions) Amount of contributor out-of-state PAC (ID#

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Employer (See Instructions)

Principal occupation / Job title (See Instructions)

(If travel outside of Texas, complete Schedule T)

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

T	he Instruction Guide explains how to complete this form.	1 Total pages Sche	edule C:
2 FILER NAME	T AUSTIN MOYING PAC	 	hics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9/13/10	トンタフル MET RO TRAILS + GREENWMS 6 Corporation / Labor Organization address; City; State; Zip Code POBX 685106, AOSTN, TX 78766	5000,00	
		(if travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name DOWNTOWN AWSTN AULANCE	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/15/10	Corporation / Labor Organization address; City; State; Zip Code 211 E. 7th States, Ste 818, Notice 10 78701	42'000'33	
- u.u		(If travel outside	of Texas, complete Schedule T)
Date	PB Americas, INC.	Amount of contribution (\$)	In-kind contribution description (if applicable)
8/25/10	Corporation / Labor Organization address; City; State; Zip Code One Penn Plaza, NY, NY 100A	12,50a∞	
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name HTNB	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/2/10	Corporation / Labor Organization address; City; State; Zip Code 715 KIRK DRIVE, KMSKS CITY, 100 19105	*1,000.00	
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name PAPE - DAWSON ENGINEERS	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/24/10	7800 SHOWL CROSTIC BUILD, STE 200, AUSTWIN 7875	\$500.00	
		(If travel outside	of Texas, complete Schedule T)
Date	DANDEN BANA CHEINEERING COLPORATION	Amount of contribution (\$)	In-kind contribution description (if applicable)
9/16/10	Corporation / Labor Organization address; City; State; Zip Code PDBX 22292, HOUSTON, TX 77227	\$5,000,00	
		(If travel outside	of Texas, complete Schedule T)

Т	he Instruction Guide explains how to complete this form.	1 Total pages Sche	edule C: E ≥_
2 FILER NAME	-	·	
2 FILER NAME	LUSTIN MOVING PAC	3 ACCOUNT # (ET	hics Commission Filers)
4 Date	5 Corporation / Labor Organization name	7 Amount of	8 In-kind contribution
9/22/10	TITE TARIC FOUNDATION 6 Corporation / Labor Organization address; City; State; Zip Code P o Bax 5195, Austra, TX 78763	contribution (\$)	description (if applicable)
Doto	Comparison / Labor Organization name	Amount of	In-kind contribution
Date	Corporation / Labor Organization name	contribution (\$)	description (if applicable)
9/22/10	Corporation / Labor Organization address; City: State; Zip Code 12821 WET GOLDED LANE, SAN AMPONIO, X78249	*1,000,00	
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution
9/20/10	BAKER-AICKLEN Corporation / Labor Organization address; City; State; Zip Code 507 W357 LIBERTY, ROUND LOCK, TX 78664	1,000	description (if applicable)
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
9130110	DOUCET + ASSOCIATES, INC. Corporation/ Labor Organization address; City; State; Zip Code 7401 B WEST 71, SUITE 160, AOSTIN, TX 7835	a.520'co	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of	In-kind contribution
	Corporation / Labor Organization address; City; State; Zip Code	contribution (\$)	description (if applicable)
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code		
			of Texas, complete Schedule T)

PLEDGED CORPORATE OR LABOR ORGANIZATION **CONTRIBUTIONS**

SCHEDULE D

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4 Date	5 Corporation / Labor Organization name	7 Amount of pledge (\$)	8 In-kind description (if applicable)
	Cieros Logic, Inc.	45,000.00	
9(23/10	6 Corporation / Labor Organization address; City; State; Zip Code	3,000.	
Ì	6 Corporation / Labor Organization address; City; State; Zip Code 2901 V(A FORTUNA, RUSTIN, X 78746		
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
01 1	Corporation / Labor Organization address; City; State; Zip Code	4	
9123(10	400 WBT 15TH STE 500, NOSTW, TX 28701	2,000,-]
		(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of	In-kind description
	ARCADIS	pledge (\$)	(if applicable)
9/30/10	Corporation / Labor Organization address; City; State; Zip Code	250.00	
	2929 BRIARPARIC DR., Ste 300, HOUSTON, CXTTO92	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of	In-kind description
2010		pledge (\$)	(if applicable)
9/30/10	VOSE I GUERLA, /NC, Corporation / Labor Organization address; City; State; Zip Code	* 250, °°	'
	2401 S.I.35, SUITE 210, AUSTIN, TX 78741	(If travel outside	of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of	In-kind description
	COBB FONDLEY + ASSUCIATES, INC	pledge (\$)	(if applicable)
9/30/10	Corporation / Labor Organization address; City; State; Zip Code	\$250,00	
	505 E. HONTLAND, STE 485, AUSTIN, TX 78752		of Toyan, complete Schodule To
D-:	Comparation / Labor Oraciontina		of Texas, complete Schedule T)
Date	Corporation / Labor Organization name	Amount of pledge (\$)	I In-kind description (if applicable)
9/30/10	MACTEC ENGINEERING CONSULTING /NC. Corporation / Labor Organization address; City; State; Zip Code	,520,00	!
	3520 EXECUTIVE CONTER DR., Ste 200, AUSTIN,	•	
	TX 7873/	(If travel outside of	of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CORPORATE OR LABOR ORGANIZATION **CONTRIBUTIONS**

SCHEDULE D

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4 Date	5 Corporation / Labor Organization name	7 Amount of pledge (\$)	8 In-kind description (if applicable)
9/30/10	SURVEYING + MAPPING, INC. 6 Corporation / Labor Organization address; City; State; Zip Code 4801 SOUTHWAT PARKWAY, AUSTIN, TX 78735	250,00	
<u></u>	PARKULAY TWO, STE 100	(If travel outside	of Texas, complete Schedule T
Date	Corporation / Labor Organization name	Amount of pledge (\$)	In-kind description (if applicable)
7/30/10	CP+Y, INC. Corporation / Labor Organization address; City; State; Zip Code	⁹ 300,00	<u> </u>
·	10415 MORADO CA., BLOGI, Sta 200, AUSTINITX 78759	(if travel outside	:
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10-718	4030 Was Bracer CANE, Sta 450, AUSTH, DX 78759	(If travel outside	l - of Texas, complete Schedule T
· Date	Corporation / Labor Organization name	Amount of	In-kind description
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9/30/10	OTTHON, IN C. Corporation / Labor Organization address; City; State; Zip Code 12710 RESEARCH BLUD, Sta 310, AUSTHIX	\$ 200,20	
	12710 RESEARCH BLUD, Sta 310, AUSTINIX		<u> </u>
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PLEDGED CORPORATE OR LABOR ORGANIZATION **CONTRIBUTIONS**

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9/30/10	BROWN + GAY ENGINDERS, NC. 6 Corporation / Labor Organization address; City; State; Zip Code	9	
9/30/10	6 Corporation / Labor Organization address; City; State; Zip Code	750,00	
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SCHEDULE F

Office held

Texas Ethics Commission POLITICAL EXPENDITURES **EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Advertising Expense Loan Repayment/Reimbursement Accounting/Banking Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Polling Expense Travel Out Of District OTHER (enter a category not listed above) Fees Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (Ethics Commission Filers) 1 Total pages Schedule F: 2 m 3 GET AUSTIN MOVING PAC 5 Payee name 4 Date 913/10 GIL ARTS City; State; Zip Code 7 Payee address; 6 Amount (\$) 11400 W. PALMER ST, CEDAR PARK, TX 78613 & 332° 00 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** ADVERTISING EXPENSE LOGO DESIGN Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH

9 /16/10	BILARB	
Amount (\$)	Payee address; City; State; Zip Code	
*75,00	11400 W. PARMER (ST, CEDAR PAR	ex. DX 78613
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE	ADVERDSING EXPENSE	YMED SIGN DESIGN

EXPENDITURE	TOMERAIS ING ENPENSE
Complete ONLY if direct	Candidate / Officeholder name
expenditure to benefit C/C)H

Payee name

Office sought Office held

9 [18] (o	Payee name KARI-THOMAS MUSSCEMAN		
Amount (\$)	Payee address; City; State; Zip Code 1512 A PONNSYLVANIA AVE,	JOSU X 1. WUSOL	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADUETING EXPENSE	Description (If travel outside of UEB DEX6の+ Q	
Complete ONLY if direct	On did to 10 Minuted to 10 min	Office sought	Office held

Complete ONLY if direct expenditure to benefit C/OH

8

Date

CAPCITATION TO DOMONIC	
Date 9 20 10	Payee name WILLIAM L. BLONE, TR.
Amount (\$)	Payee address; City; State; Zip Code 1405 WALLER ST., AUSTIN, TX 78702

PURPOSE OF **EXPENDITURE** Category (See categories listed at the top of this schedule)

Description (If travel outside of Texas, complete Schedule T)

DOOL + GV ENT CANVAS COORDINATION

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name

CONTRACT LABOR

Office sought

Office held

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense EXPENDITURE CATEGORIES Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor Loar ising Expense Tran Coni rict C ental Expense OTH	Repayment/Reimbursement sportation Equipment & Related Expense cributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
	The instruction Guide explains how to	complete this form.	
1 Total pages Schedule F:	GET AUSTIN MOUING	Phe	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9 20 10	5 Payee name SARAH BAYANT		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
60.00	3604 CLAWSON RD, \$202, A	tusin, DX 78	2704
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OON TRACT LABOR	(b) Description (If tra	ivel outside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/20/10	LACQUELYN WOLSH		
Amount (\$)	Payee address; City; State; Zip Code		
240.00	724 A BEESSING AVE. AC	S. XI 'PULS	3722
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	DOOR TO	vel outside of Texas, complete Schedule T) DOOR AND SUENT
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Omce noid
Date	Payee name		
9/20/10	REBECCA MARKHAM		
Amount (\$)	Payee address; City; State; Zip Code	נפנ אל ימנו	OY
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONTRACT LABOR		evel outside of Texas, complete Schedule T) Pook AND シェルT
Complete <u>ONLY</u> if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/20/10	TREVOR KEICH NAW		
Amount (\$)	Payee address; City; State; Zip Code	77 20.	
4 180. as	2900 RUBY ROAD, ALPINE,	1X 14830	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If its	vel outside of Texas, complete Schedule T) DOOL HOS EVENT
EXPENDITURE	CONTRACT LABOR	CANVASS	
Complete ONLY if direct expenditure to benefit C		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

	EXPENDITURE CATEGORIES	S FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/G		n Repayment/Reimbursement	
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Event Expense	Polling Expense Travel Out Of Di		Candidate/Officeholder/Political Committee	
Fees	Printing Expense Office Overhead The Instruction Guide explains how to	•	HER (enter a category not listed above)	
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Total pages Schedule F	·	. An	3 ACCOUNT # (Ethics Commission Filers)	
4 or S	5 Payee name	We		
Olv.	1 -			
1944 10	Kerry GRAPHICS			
Amount (\$)	7 Payee address; City; State; Zip Code	2		
412,314.19	1409 QUAKER RIBGE, AUST	14,7X 78746	3	
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (if tra	avel outside of Texas, complete Schedule T)	
EXPENDITURE	BHULLY & WYLLY & SYLONE	BOSTRANLD	MAUN6	
Complete ONLY if direct expenditure to benefit (Office sought	Office held	
Date	Payee name			
9/27/10	Andrew FIEGER			
Amount (\$)	Payee address; City; State; Zip Code			
4240,00	302 LRMA DR., AUSTIN, DXTE	1852		
PURPOSE OF	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T)	
EXPENDITURE	CONTRACT LABOR	CANUNS		
Complete ONLY if direct expenditure to benefit Complete C		Office sought	Office held	
Date	Payee name			
9/27/10	REBECCH MARKHAM			
Amount (\$)	Payee address; City; State; Zip Code			
4540°00	1781 SPYQRASS, #296, AUST	HOLBL XIL 'ENC	•	
PURPOSE OF	Category (See categories listed at the top of this schedule)		avel outside of Texas, complete Schedule T) るの	
EXPENDITURE	CONTRACT LABOR	CANVAS		
Complete ONLY if direct expenditure to benefit C		Office sought	Office held	
Date	Payee name		11.11.	
9/27/10	WILLIAM L BLOME, dr.			
Amount (\$)	Payee address; City; State; Zip Code			
. \$500.00	1405 WALLER DR., AUSTINIDO	78702		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If tre	evel outside of Texas, complete Schedule T)	
EXPENDITURE	CONTRACT LABOR	CMVASS CO	CAC PANILLAGO	
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
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6 Amount (\$)		70000	
9240,00	2311 RIVERSIDE FARMS RD. AU	597, 18 18(4)	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Tex	as, complete Schedule T)
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9 Complete ONLY if direct	1	Office sought	Office held
expenditure to benefit C.			
Date	Payee name		
9/27/10	TACQUELYN MOSH		
Amount (\$)	Payee address; City; State; Zip Code		
d 240,00	7211 A BLESGING AVE., Aus	2012 XX 1815	
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	
EXPENDITURE	CONTRACT LABOR	CAMVASS	C0011
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
9/27/10	SARAH BRYANT		
Amount (\$)	Payee address; City; State; Zip Code		
a 120,00	3604 CLAWSON RD, \$202,	AUSTIN, DX 78704	
	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	es complete Schedule T)
PURPOSE OF	Category (see categories instead at the top of this schedule)	4 7005 LD DOOK +	
EXPENDITURE	CONTRACT LABOR	CARVAS	
Complete ONLY if direct expenditure to benefit Co		Office sought	Office held
Date	Payee name		
9/27/10	Tom Fosborn		
Amount (\$)	Payee address; City; State; Zip Code		
	2209 LAWNHONT NE, # 302	100 TY 7975	L
<u></u>	2207 CHANKON THE 1 302	-1 100311M, MC 1013	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Tex	
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